



DEVELOPMENT REVIEW APPLICATION

Project Name _____

Project Location _____

Uniform Parcel Code No. _____

Plat No. _____

ENN/Related Case No. _____

Subdivision Name _____

Lot _____ Block _____ Acreage _____

Owner(s) Name _____

Owner(s) Address _____

Phone No. _____ Cell No. _____

Fax No. _____ E-mail Address _____

Agent(s) Name _____

Agent(s) Address _____

Phone Number _____ Cell Number _____

Fax No. _____ E-mail Address _____

Committee

- ☐ Early Neighborhood Notification
☐ Board of Adjustment
☐ City Council
☐ Historic Design Review Board
☐ Planning Commission
☐ Summary Committee
☐ BCD/DRC

Submittal Date

Proposed Meeting Date

Type of Submittal

- | | | |
|--|---|--|
| <input type="checkbox"/> Amended Development Plan | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Preliminary Development Plan |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Lot Consolidation Adjustment | <input type="checkbox"/> Preliminary Subdivision No. of Lots _____ |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Rezoning From _____ to _____ |
| <input type="checkbox"/> Dedication Plat | <input type="checkbox"/> Lot Split | <input type="checkbox"/> Rezoning From _____ to _____ w/Dev. Plan |
| <input type="checkbox"/> Development Plan | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Special Exception |
| <input type="checkbox"/> Family Transfer | <input type="checkbox"/> Plat Amendment (Admin.) | <input type="checkbox"/> Time Extension |
| <input type="checkbox"/> Final Development Plan | <input type="checkbox"/> Plat Amendment (PC) | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Final Subd. No. of Lots _____ | | <input type="checkbox"/> Waiver |

New Construction:Single-Family Residence ☐Commercial ☐Multi-Family Residence ☐**Other Construction:**Demolition ☐Remodel ☐Addition ☐Residential ☐Signs ☐Wall/Fence ☐Antenna ☐**Pre-application Meeting:** Date: _____ Case Planner: _____**Preliminary Zoning Review:** Date: _____ Planner: _____**Height Calculation**

Does the project include multi-story new construction, a building addition, and/or a wall or fence which will increase the height?

YES ☐NO ☐

If yes, please provide a written request for an updated maximum allowable height calculation.

What is the proposed height of your project? _____

Construction Cost \$ _____ FEE \$ _____ + \$ 30 Per Poster = \$ _____

I hereby certify that the documents submitted for review consideration by _____ meeting of _____, 200__ have been prepared in accordance with the checklist and meet the minimum standards outlined in Chapter 14 SFCC 1987. Failure to meet these standards may result in rejection of my application. I also certify that I have met with a representative of the city's Zoning staff and verified the attached proposal is in compliance with the city's zoning requirements.

Signature of Owner /Date_____
Signature of Agent / Date